



ANNUAL REPORT
of the
MEDICAL OFFICER OF HEALTH
and the
PUBLIC HEALTH INSPECTOR

1963

ETON URBAN DISTRICT COUNCIL

Health, Highways and Works Committee

January to May, 1963

Chairman:
Councillor J. Bright

"	Mrs. A.H. Bull
"	Mrs. W.H. Hay
"	Mrs. J.L. Wiley
"	M.H. Devenport
"	W.E. Hamblin
"	C.F. Paintin
"	W.H. Sharp

Health, Highways and Works Committee

May to December, 1963

Chairman:
Councillor W.E. Hamblin

"	Miss U.E.M. Badger
"	Mrs. A.H. Bull
"	Mrs. J.L. Wiley
"	M.H. Devenport
"	C.F. Paintin
"	W.H. Sharp
"	R.H. Tarrant

THE HISTORY OF THE

REIGN OF KING CHARLES THE FIRST

BY JOHN BURNET

IN TWO VOLUMES.

LONDON

Printed by J. Sturges

at the Sign of the Crown

in St. Pauls Church-yard

1680.

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ETON URBAN DISTRICT COUNCIL

Annual Report

of the

Medical Officer of Health

For the Year 1963

To the Chairman and Members of the Council:

Madam Chairman, Ladies and Gentlemen,

It is my pleasure once again to present the annual report on the health of the district.

The report is as always a statistical record of the year's events and submitted in accordance with the Ministry of Health circular 1/64. The statistics when set out in this manner are easily compared with previous years which enhances their reference value. My preface in recent years has been inclined to become more and more lengthy and as explained last year I hoped to curtail this. One reason for doing so is that the elapse of time between writing these comments and the date on which the report is submitted to the Council is so great that much of it gets out of date in the interval and we have found that for various reasons this interval cannot be shortened.

In the following pages the figures relating to deaths would include those members of the Armed Forces stationed in the area if applicable, and the population figure given is the "home population" which again includes members of the Armed Forces. The area comparability factors for use with the crude birth and death rates make adjustments for the way in which the sex and age distribution of the local population differs from that for England and Wales as a whole. In addition the death rate area comparability factor has been adjusted specifically to take account of the presence of any residential institutions in the area. When local crude birth and death rates are multiplied by the appropriate area comparability factor they are then comparable with the crude rate for England and Wales or with the corresponding adjusted rate for any other area. The number of births, stillbirths and deaths are those registered during the year as adjusted for inward and outward transfers and these may differ from unadjusted figures compiled locally. Separate records of inward and outward transfers cannot be given.

There has been an assortment of legislation and reports which will be of interest to the public health department and affect our work. These relate to such matters as the addition of certain substances to raw and unprocessed meat to prolong or improve the fresh appearance; the injection of a substance into an animal before slaughter which acts as a meat tenderizer; the boarding out of cats and dogs; amendments in the control and use of certain pesticides; and amendments in the Public Health (Aircraft) and Public Health (Ships) Regulations aimed at reducing the hazard of smallpox being imported by immigrants and travellers.

The Offices, Shops and Railway Premises Act 1963 is perhaps the most important in that it will mean a good deal of extra work for the department as there may be many premises to be inspected. The Animal Boarding Establishments Act 1963 is rather specialised work but the authority may none the less authorise any of its officers to inspect any premises in respect of which a licence may be in force. In this Act the expression "animal" means any dog or cat and I think the steps taken to prevent their unnecessary suffering is generally welcomed. The Royal Society for the Prevention of Cruelty to Animals considered that there is a weakness in the Act by its restriction to premises where the boarding of animals is the main activity of the establishment. If it is not the main activity, animals may be kept for other people but there would be no right of inspection.

The Meat (Treatment) Regulations to which I have referred above will prohibit the addition to raw and unprocessed meat of substances which will have the effect of maintaining the fresh red colour of meat. The substances are Ascorbic Acid, Erythorbic Acid, Nicotinic Acid, Nicotamide and any salt or any other derivative of these substances. The Minister of Health and the Minister of Agriculture Fisheries and Food were advised by the Food Standard Committee that these preparations deceived the customers as to the freshness of the meat and might mask deterioration. The subject of meat tenderizers is very interesting but as the use of the substance "Papain" for this purpose causes no hazard to human health legislation has not been necessary. It has also been considered that so long as any meat treated is labelled, then the customer is not deceived. Papain is an enzyme extracted from the paw-paw fruit and when applied to meat it acts on the protein molecules during cooking and makes meat more tender than it would otherwise have been, but it is effective only near the surface. This has been used for a long time but more recently a concentrated preparation has been used for injection into the animal's blood system half an hour before the slaughter so that all tissues are treated with the tenderizer. It has no effect on the appearance of the meat or the flavour and the enzyme does not survive normal cooking.

It is interesting to note that investigations are at present being carried out by a Sub-Committee of the Food Standards Committee into the type of wrapping and packaging materials in use in the food trade. At present there are no regulations controlling specifically the composition of packaging materials although under the Food Hygiene (General) Regulations, 1960, certain wrappings are prohibited for open foods. The question in mind is the possibility of contamination of foods by chemicals from containers, certain packaging materials, printing inks. etc.

For some years the control of infectious diseases appears to have become much less a problem than was the experience of our predecessors a few decades ago. The result is I think that a certain amount of complacency has developed with regard to this and I often wonder whether this can be justified. We certainly understand these diseases much better and new methods of treatment have been found with the result that the associated mortalities have altered. I think we must remember however that many of the notifiable infectious diseases still remain very dangerous in spite of the progress made and many still may have permanent disabling after effects, e.g. Poliomyelitis, Meningitis. Other diseases such as Dysentery and Measles still cause considerable disturbance to family life and account for a good deal of loss of working time and hardship. If the breadwinner is employed in food handling his or her exclusion from work can mean a lowering of the standard of living for the whole household unless the earnings are made up fully.

One disease which I should particularly like to mention is Typhoid Fever. Thanks to the constant checking of the health department and the enforcement of all the accepted standards of hygiene we very rarely hear of this disease. With the ever increasing numbers of holiday makers travelling abroad however the hazard of imported infection is becoming greater and the dangers arising from "carriers" who have acquired the infection while abroad, often as the result of some mild and temporary indisposition which passed almost unnoticed at the time, could well present us with control problems with which we have become unaccustomed. Recently I have been notified of school children living near our boundary who have returned from abroad and were regarded as contacts from a known infected area. None of these children had been protected with T.A.B. vaccination before going abroad in spite of propaganda and advice given on television, radio, local health departments, and by special leaflets inserted in all passports by the Ministry of Health. In the case of adult travellers one can only advise, but parties of school children going abroad are organised by responsible adults of considerable seniority who should endeavour to have

members of the party inoculated. The protection afforded by T.A.B. vaccination is not 100% but it is best known and is recommended to all those travelling to the Continent.

I have previously referred to the subject of noise and this is something which is becoming more and more important as the world we live in becomes more and more mechanised. A noise level meter is now on the market and this should help Public Health Inspectors considerably in dealing with this rather intricate problem. I think when employing this mechanical aid to assessment we must bear in mind that the degree of annoyance engendered by the presence of a noise is a factor that is not indicated by the simple sound level meter which gives a reading which is primarily a function of sound power. Annoyance (or other subjective reaction) resulting from noise is not synonymous with sound power. It would be very convenient to be able to measure "annoyance units" directly but no device for this purpose is yet available. We can however by using a combination of measured values of sound intensity and a special chart which has been suggested by the International Standardising Organisation arrive at what is called a "Noise Rating" (generally abbreviated to N.R.) Experience has shown that the N.R. is largely in agreement with the reactions of people exposed to a particular noise and thus the "N.R." can be used as a measure of subjective annoyance with some degree of certainty that a given reading will always mean the same condition and have very similar effects. Having arrived at this point, one must proceed to ascertain what N.R. in any particular circumstances will generally find acceptance. For example, the noise levels which are acceptable in Council Offices could be found by measuring the "noisiness" in a large number of similar offices and ascertaining at what level complaints cease to exist. Different types of offices or workshops will as might be expected have different levels of acceptance. Experience shows that the office of an executive, a lecture room, Council Chamber, Conference Room, etc., should have a N.R. of 20 - 30 and the occupants will certainly complain if the N.R. is as high as 35. Large offices and similar places can have a N.R. of 30 - 40 while workshops have been found to have an acceptable N.R. of 60 - 70. I mention these points in relation to noise as they help to illustrate the existence of a rather prominent individual element in assessing complaints of nuisance from this cause.

I feel that I should like to make some reference here to a recent publication by the Ministry of Health, V.I.Z. the Report of a Joint Committee on Health Education, as this is a very interesting and progressive document full of ideas. The trend would appear to include under this heading a variety of matters which many workers in health departments would previously have regarded as duties of an

executive nature to be handled in accordance with the relevant legislation rather than health education. Among these are subjects such as noise-prevention, clean air, food hygiene, dirty littered streets, dirty living rooms, etc., etc., and I think the conception that these are matters which will have to concern the health educationalists is progressive. Many suggestions and much useful advice is to be found in this document and I cannot refrain from quoting one paragraph which appeals to me. - Viz.

"Local Health Educators would work under the direction of the Medical Officer of Health, who is the officer in charge of all local authority health services and who is statutorily required to inform himself as far as practicable about anything affecting or likely to affect the public health in his district. This local knowledge supplements the professional and specialist training of the medical officer of health, his acquired experience, and his interest in developments outside his area, and enables him to function as a general community physician concerned particularly with the prevention of illness throughout his area. Thus he must be concerned with health education and has a personal responsibility to guide and set an example to his staff, members of his authority and health committees and the community. He should assist his health educator in securing the support of other medical and community leaders, such as head teachers in schools." These sentiments are so excellent that I hope this is not just a mirage.

On commenting annually on community health matters I have sometimes wondered how many of us remember the name of the man who was the founder and father of all the public health amenities we enjoy today and appear to accept as though they had always existed. For the sake of those who find straightforward statistics rather dull I hope I may be excused for making a brief reference here to Edwin Chadwick. It was in 1841 that this outstanding man produced his famous report on the sanitary conditions which existed among the poorer classes in Great Britain at that time. It was done with such ability and energy after 2 years hard work that the contents shocked the nation and led directly to the introduction of the first Public Health Act in 1848. In his report he described the sewage disposal of that time as "a vast monument of defective administration, of lavish expenditure and extremely defective execution." He advocated for the first time the important principle in sanitation of laying drains and sewers in such a manner as to give self-cleansing velocity and he also drew attention to the need for a running water supply in dwelling houses. This was the beginning of many other reports and much advice followed, but those in authority at the time resented his forthright criticisms of existing methods and his unceasing

efforts to bring about changes. He was a man of great foresight and exceptional abilities of investigating and then being able to assimilate the important facts and report with vigour. No one however appeared to be able to grasp the fact that the conditions which he described were a danger to health and causing untold suffering and disease. No one believed there was anything wrong with their way of life or the state of sanitation or the methods at that time employed, and no one appeared to worry that the expectation of life of the working classes in big cities varied from 15 to 35 years and only a little better in rural areas. Chadwick however was determined and he turned his attentions from general sanitation to the burial of the dead and thence to other subjects such as the conditions of work in factories, drunkenness, the employment of children and so on. His description of burials as a trading concern shocked many people and he made every effort to have proper cemeteries and have them municipalized. The more he reported the more unpopular he became until he was forced into retirement at the age of 54, only a few years after the passing of the first Public Health Act in 1848. His greatness at that time had not been recognised, but as the years rolled by people throughout the country began to realize the truth and to understand what Chadwick tried to do. More and more his work and advice was praised and more and more was done on the lines dictated. Chadwick lived till he was 90 and in the very last years of his life he was knighted in recognition of his public services.

In submitting this report I should like once again to thank all those who have helped with the work of our department and made our efforts worth while.

I am,

Your obedient servant,

G.HOBBIN,

Medical Officer of Health.

GENERAL STATISTICS

Area	..	..	..	..	..	..	..	..	..	993 acres.
Number of inhabited houses at 1.4.63...	..	..	..	..	..	..	..	..	..	1,549.
Product of Penny Rate 1962/63	..	..	..	..	..	..	..	..	..	£290.12.6.
Population	..	..	..	..	..	..	..	..	..	5,110.

VITAL STATISTICS

<u>Live Births</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	30	32	62
Illegitimate.. .. .	1	2	3
	<hr style="width: 100%;"/>	<hr style="width: 100%;"/>	<hr style="width: 100%;"/>
	31	34	65

Birth rate per 1,000 population	..	..	..	..	..	..	..	12.7
National rate	..	..	..	..	..	..	..	18.2
Comparability Factor	..	..	..	..	..	..	..	1.13
Illegitimate live births per cent of total live births.	..	..	..	..	..	..	..	0.46

<u>Still Births</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	-	-	-
Illegitimate.. .. .	-	-	-
	<hr style="width: 100%;"/>	<hr style="width: 100%;"/>	<hr style="width: 100%;"/>
	-	-	-

Still birth rate per 1,000 total births	..	..	..	..	..	..	Nil
Still birth rate per 1,000 population	..	..	..	..	..	..	Nil
National rate per 1,000 total birth	..	..	..	..	..	..	17.3
Total live and still births	..	..	..	..	..	..	65

Infant Mortality (Deaths of Infants under 1 year)

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	-	3	3
Illegitimate.. .. .	-	-	-
	-	3	3
Infant Mortality Rate per 1,000 live births		4.61	
Legitimate infant deaths per 1,000 live births ..		4.61	
Illegitimate infant deaths per 1,000 illegitimate live births..		Nil	

Neo-Natal Mortality (Deaths of Infants under 4 weeks of age)

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	-	2	2
Illegitimate.. .. .	-	-	-
	-	2	2
Neo-natal mortality rate per 1,000 live births.. ..		3.08	

Early Neo-Natal Mortality (Deaths of Infants under 1 week)

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Legitimate	-	2	2
Illegitimate.	-	-	-
	-	2	2

Early neo-natal mortality rate per 1,000 live births. 3.08

Peri-Natal Mortality (Still births and deaths under 1 week)

Number of still births and deaths 2

Peri-natal mortality rater per 1,000 live and still births.. 3.08

Maternal Mortality

Total from all causes (including abortion)	Nil
Death rate per 1,000 live and still births	Nil
National rate	0.28

Deaths

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Number of deaths	27	21	48
Crude death rate per 1,000 population.. .. .	9.4		
Corrected death rate - allowing for sex and age. (Comparability factor = 1.55)	14.57		
National death rate	12.2		
Ratio of corrected death rate to National	1.19		

CAUSES OF DEATH IN THE ETON URBAN DISTRICT

	<u>Male</u>	<u>Female</u>	<u>Total</u>
1. Tuberculosis, respiratory	-	-	-
2. Tuberculosis, other	-	-	-
3. Syphilitic disease	-	-	-
4. Diphtheria	-	-	-
5. Whooping Cough	-	-	-
6. Meningococcal Infections	1	-	1
7. Acute Poliomyelitis	-	-	-
8. Measles	-	-	-
9. Other infective and parasitic diseases.	-	-	-
10. Malignant neoplasm, lung, bronchus ..	3	-	3
11. Malignant neoplasm, stomach	-	-	-
12. Malignant neoplasm, breast	-	2	2
13. Malignant neoplasm, uterus.	-	-	-
14. Other malignant and lymphatic neoplasm.	2	1	3
15. Leukaemia, aleukaemia	-	1	1
16. Diabetes	-	-	-
17. Vascular lesions of nervous system ..	2	2	4
18. Coronary disease, angina	7	1	8
19. Hypertension with heart disease ..	1	-	1
20. Other heart disease	2	4	6
21. Other circulatory disease	1	2	3

	<u>Male</u>	<u>Female</u>	<u>Total</u>
22. Influenza	-	-	-
23. Pneumonia	-	2	2
24. Bronchitis.. .. .	2	1	3
25. Other diseases of respiratory system. ..	1	-	1
26. Ulcer of stomach and duodenum	1	-	1
27. Gastritis, enteritis and diarrhoea	-	-	-
28. Nephritis and nephrosis	-	-	-
29. Hyperplasia of prostate	-	-	-
30. Pregnancy, childbirth, abortion.	-	-	-
31. Congenital malformations	-	1	1
32. Other defined and ill defined diseases ..	-	2	2
33. Motor vehicle accidents	1	-	1
34. All other accidents	2	2	4
35. Suicide	1	-	1
36. Homicide and operations of war.. .. .	-	-	-
	<u>27</u>	<u>21</u>	<u>48</u>

Deaths from Principal Causes

<u>Cause</u>	<u>No. of deaths</u>	<u>Death rate</u>
Malignant diseases - (all types)	8	1.56
Vascular lesions of nervous system .	4	0.78
Respiratory diseases.	6	1.17
Diseases of the heart - all types.	15	2.94

TUBERCULOSIS

Notification Register

	Pulmonary			Non-Pulmonary			Combined Totals
	Male	Female	Total	Male	Female	Total	
Number on register at 1.1.63.	30	23	53	9	3	12	65
Number entered by primary notification or on transfer into the district.	1	-	1	-	-	-	1
Number removed from register.	1	1	2	-	-	-	2
Number remaining on register at 31.12.63.	30	22	52	9	3	12	64

INFECTIOUS DISEASE NOTIFICATIONS

Measles.....141

Whooping Cough.....4

Dysentery.....1

146

Immunisation and Re-Immunisation

Year of Birth	1963	1962	1961	1960	1959	1958	1957	1956	1955	1954	1953	1952	1951	1950	1949	Total
Primary Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
" / Tetanus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
" / Wh.Cough	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
" Triple	8	39	8	-	-	-	-	-	-	-	-	-	-	-	-	55
" Quadrilla	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Re-Immunisation	-	-	-	-	-	20	21	3	-	-	28	13	-	-	-	85
Primary Wh/Cough	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Primary Tetanus	-	-	1	3	1	1	-	-	-	1	-	-	-	-	-	7
	9	39	9	3	1	21	21	3	-	1	28	13	-	-	-	148

Vaccination and Re-Vaccination

Smallpox

	0 - 3 months	3 - 6 months	6 - 9 months	9 - 12 months	1 year	2 - 4 years	5 - 14 years	15 and over	Total
Vaccination	-	10	7	-	4	3	-	-	24
Re-Vaccination	-	-	-	-	-	-	-	-	-
	-	10	7	-	4	3	-	-	24

CLINICS AND TREATMENT CENTRES

Maternity and Child Welfare Clinics

Eton Wick:	Village Hall	1st and 3rd Friday	Doctor in attendance every 1st Friday.
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Family Planning Clinics:

Slough:	Upton Hospital.	Mondays: 6.p.m. - 7.30.p.m. Tuesdays: 6.p.m. - 7.30.p.m. Wednesdays: 11.a.m. - 12.30.p.m.
Slough:	Health Centre, Burlington Road.	Fridays: 2.15.p.m. - 4.p.m.

Chest Clinics:

Slough:	Upton Hospital.	Appointments may be made with the Chest Physician.
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Venereal Diseases Clinics:

King Edward VII Hospital, Windsor. (Including Old Windsor Unit)
Hillingdon Hospital, Hillingdon, Middx.
Royal Berkshire Hospital, Reading.

General Hospitals

The Canadian Red Cross Memorial Hospital, Taplow.
King Edward VII Hospital, Windsor.
Old Windsor Hospital, Old Windsor.
Upton Hospital, Slough.
Maidenhead General Hospital, Maidenhead.

Chronic Sick Hospitals

St. Mark's Hospital, Maidenhead.
Old Windsor Hospital, Old Windsor.

Maternity Accommodation

Canadian Red Cross Memorial Hospital, Taplow.
Colinswood Maternity Home, Farnham Common, Bucks.
Old Windsor Hospital, Old Windsor.
Princess Christian Nursing Home, Windsor.

Ante and Post Natal Clinics.

King Edward VII Hospital, Windsor.	Ante Natal.	Monday mornings.
Old Windsor Hospital, Old Windsor.	Ante and Post Natal	Wednesday & Friday mornings.
Canadian Red Cross Memorial Hospital, Taplow.	Ante Natal	Every Thursday morning.
Colinswood Maternity Home, Farnham Common.	Ante and Post Natal	Every 3rd Monday and every Wednesday. (mornings.)
Upton Hospital, Slough.	Ante and Post Natal	Every Monday morning. Monday afternoon (Ante Natal) Thursday and Friday afternoons (Ante Natal) Monday and Friday afternoons (Post Natal)

ANNUAL REPORT OF THE PUBLIC HEALTH INSPECTOR FOR THE YEAR 1963.

FOOD PREMISES.

There are fifty six premises at which food is prepared or sold, and the type of business can be sub-divided as follows:-

Grocers	7
General Stores	1
Licensed Premises	11
Fried and Wet Fish	1
Cafes and Restaurants	11
Butchers	4
Bakers and Confectioners	2
College Tuck Shops and Confectioners.	2
Sweets, Ice Cream and Tobacco.	10
Greengrocers	2
Dairies	1
Bakehouses	3
Summer Stalls	1
	<hr/>
	56
	<hr/>

Twenty six of the above mentioned premises are registered under Section 16 of the Food and Drugs Act 1955, for the manufacture of preserved food and the storage and sale of ice cream. The registrations are:-

Sale of ice cream.	14
Sale of ice cream and preserved food.	3
Sale of preserved food.	6
Manufacture of preserved food.	3

All ice cream is sold pre-packed.

Routine inspections have been made during the course of the year, and no formal notices have been served.

During the year the British Restaurant closed due to financial difficulties. The premises were reinstated and returned to the Parochial Church Council.

UN SOUND FOODSTUFFS.

Four pounds of tinned meat were voluntarily surrendered and certificates as to their unsoundness for human consumption due to decomposition given.

Meat

No emergency slaughtering was carried out during the year.

REFUSE COLLECTION AND DISPOSAL.

A regular weekly refuse collection service has been maintained throughout the year and disposal has continued by way of controlled tipping at the Council's refuse tip within the Urban District.

The present facilities have a restricted life, and because of the shortage of land within the Urban District the Council are negotiating with the Borough of Slough for the possible use of their proposed new pulverising plant, which they hope to bring into operation in the near future.

RODENT CONTROL.

Surveys are made as a result of reported infestations or observations made by the Council's officers during the course of their other duties. Routine survey is made only in the case of the Council's refuse tip, which continues to be virtually rat free.

Trial baiting of the sewage systems has been carried out in conjunction with the Ministry of Agriculture, giving negative results, and it is proposed to apply for exemption from Ministry tests.

DRAINAGE AND SANITATION.

Sewage is disposed of by arrangement with the Borough of Slough through their Cippenham Disposal Works.

Fifteen new premises were connected to the public sewer.

Early in the year a programme of descaling and cleansing of the High Street sewer was carried out in connection with the Atherton Court redevelopment scheme.

SLUM CLEARANCE.

Negotiations are now complete for the demolition of some fourteen slum properties in readiness for the second phase of building work at Atherton Court, Eton, the first phase being ready for occupation in early March, 1964.

WATER SUPPLY.

Water to the area is supplied from Windsor Corporation Waterworks in Eton.

Weekly sampling is carried out by Windsor Corporation who forward copies of the bacteriological report to this Council. These samples have proved to be satisfactory throughout this year.

A sample of water submitted for chemical examination was satisfactory. Analyst's reports are set out on a subsequent page.

Further negotiations have taken place with both financial and technical officers with regard to the Ministry's Regrouping of Water Undertakings. Trial boreholes have been sunk by the Borough of Slough Water Undertaking.

WATER ANALYSIS

Chemical Results in parts per million.

Appearance - Clear and bright.	Turbidity - Nil
Colour - less than 3.	Odour - Nil
pH. - 7.1	Free Carbon Dioxide - 48
Electric Conductivity. - 740	Dissolved Solids dried at 180°C. - 510
Chlorine present as Chloride. 44	Alkalinity as Calcium Carbonate. 270
Hardness: Total - 380	Nitrite Nitrogen - Absent
Carbonate - 270	Oxygen Absorbed - 0.30
Non-carbonate - 110	Residual Chlorine - 0.05
Nitrate Nitrogen - 4.7	
* Ammoniacal Nitrogen - 0.001	
* Albuminoid Nitrogen - 0.040	
Metals . - Iron, Zinc, Copper, Lead: absent.	

* To convert to ammonia multiply by 1.21.

Bacteriological Results

Number of colonies developing on Agar.

1 day at 37°C.	-	0. per ml.
2 days at 37°C.	-	0. per ml.
3 days at 20-22°C.	-	0. per ml.

Presumptive Coliform reaction

Present in	-
Absent from	100 ml.
Probable number	-

Bact. coli. (Type 1)

Present in	-
Absent from	100 ml.
Probable number	-

Cl. welchii reaction

Present in	-
Absent from	100 ml.

This sample is bright and clear in appearance and conforms to the highest standard of bacterial purity.

These results are indicative of a wholesome water suitable for drinking and domestic purposes.

FACTORIES ACT 1961

Part I of the Act

1. INSPECTIONS for the purpose of provisions as to health (including inspections made by the Public Health Inspectors)

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
Factories in which Sec.1, 2,3,4 & 6 are to be enforced by Local Authorities.	-	-	-	-
Factories not included in (i) in which Sec.7.is enforced by the Local Authority.	28	9	-	-
Other premises in which Sec.7. is enforced by Local Authority.(excluding out-workers premises)	-	-	-	-
Total	28	9	-	-

2. Cases in which DEFECTS were found.

Particulars	Number of cases in which defects were found.				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Insp.	By H.M. Insp.	
Want of cleanliness.	-	-	-	-	-
Overcrowding.	-	-	-	-	-
Unreasonable temperature.	-	-	-	-	-
Inadequate ventilation.	-	-	-	-	-

2. Cases in which DEFECTS were found.(continued)

Particulars	Number of cases in which defects were found.				Number of cases in which prosecutions were instituted.
	Found	Remedied	Referred To H.M. Insp. By H.M. Insp.		
Ineffective draining of floors.	-	-	-	-	-
Sanitary Conveniences.					
(a) Insufficient.	-	-	-	-	-
(b) Unsuitable or defective.	-	-	-	-	-
(c) Not separate for sexes.	-	-	-	-	-
Other offences against the Act. (not including offences relating to outwork)	-	-	-	-	-
Total:	-	-	-	-	-

Part VIII of the Act
Outwork
(Sections 110 & 111)

Nature of Work	Section 110			Section 111	
	No.of out-workers required by Sec.110(1) (c)	No.of cases of default in sending list to Council.	No. of prosecutions for failure to supply lists.	No. of instances of work in unwholesome premises.	Notices served.
Wearing apparel. (Making etc., Cleaning & Washing).	-	-	-	-	-
No. of Prosecutions.					

